



Basic Health™

For Washington State Residents

Health Plans and Premiums

Use this brochure to find the health plans in your county, and to estimate your monthly Basic Health premium.

Basic Health premiums are based on income, age, number of people in your family, and the health plan you choose.

Follow these three easy steps using the information in this brochure:

- 1. Find your income band.**
- 2. Find the health plan(s) in your county.**
- 3. Estimate your monthly premium.**

Basic Health is not an insurance company. We contract with five health plans (insurance companies) around the state to provide coverage.

All health plans in Basic Health offer the same benefits. Monthly premiums, providers, and some details of coverage (such as which medicines or preventive care services are covered) may vary from plan to plan. Differences in premiums have to do with the rates health plans charge to cover their costs. This document gives only monthly premium amounts.



Income bands effective July 1, 2008 - June 30, 2009

Premiums effective January 1, 2008 - December 31, 2008

**If your income or family size changes
after this brochure has expired,
you can find the information
at www.basicehealth.hca.wa.gov.**

See *Understanding Basic Health* for information on copays, coinsurance, deductibles, and out-of-pocket costs.

For information on benefits and eligibility, or help in choosing a health plan, see *Understanding Basic Health*.

If you are eligible for free or purchased Medicare, or if you are attending school full-time in the United States on a temporary student visa, you are not eligible for Basic Health.

**Questions? Applying online?
Visit www.basicehealth.hca.wa.gov.**

This document, along with the *Application for Basic Health*, *Understanding Basic Health*, *Member Handbook*, and other helpful documents, is available on our Website:
www.basicehealth.hca.wa.gov.

To speak to a Basic Health staff member, please call 1-800-660-9840.

Step 1: Find your income band.

Use your family's gross monthly income (before taxes) and the number of people in your family to find your income band in the "Income Table" to the right. The number of people in your family means you and your legal spouse, your children, and any legal dependents, including those who are full-time students under age 23 or disabled adults, even if they do not live at home.

Be sure to count all family members, even if you don't want them to have Basic Health, because family size is used to determine your monthly premium. If there are more than seven people in your family, call Basic Health at 1-800-660-9840 for a premium estimate.

Step 1: Income Table								
Number of People in Your Family								
Gross Monthly Income	1	2	3	4	5	6	7	Income Band
	\$0 – \$ 563.33	\$0 – \$ 758.33	\$0 – \$ 953.33	\$0 – \$1,148.33	\$0 – \$1,343.33	\$0 – \$1,538.33	\$0 – \$1,733.33	A
	563.34 – 866.66	758.34 – 1,166.66	953.34 – 1,466.66	1,148.34 – 1,766.66	1,343.34 – 2,066.66	1,538.34 – 2,366.66	1,733.34 – 2,666.66	B
	866.67 – 1,083.33	1,166.67 – 1,458.33	1,466.67 – 1,833.33	1,766.67 – 2,208.33	2,066.67 – 2,583.33	2,366.67 – 2,958.33	2,666.67 – 3,333.33	C
	1,083.34 – 1,213.33	1,458.34 – 1,633.33	1,833.34 – 2,053.33	2,208.34 – 2,473.33	2,583.34 – 2,893.33	2,958.34 – 3,313.33	3,333.34 – 3,733.33	D
	1,213.34 – 1,343.33	1,633.34 – 1,808.33	2,053.34 – 2,273.33	2,473.34 – 2,738.33	2,893.34 – 3,203.33	3,313.34 – 3,668.33	3,733.34 – 4,133.33	E
	1,343.34 – 1,473.33	1,808.34 – 1,983.33	2,273.34 – 2,493.33	2,738.34 – 3,003.33	3,203.34 – 3,513.33	3,668.34 – 4,023.33	4,133.34 – 4,533.33	F
	1,473.34 – 1,603.33	1,983.34 – 2,158.33	2,493.34 – 2,713.33	3,003.34 – 3,268.33	3,513.34 – 3,823.33	4,023.34 – 4,378.33	4,533.34 – 4,933.33	G
	1,603.34 – 1,733.41	2,158.34 – 2,333.44	2,713.34 – 2,933.47	3,268.34 – 3,533.50	3,823.34 – 4,133.53	4,378.34 – 4,733.56	4,933.34 – 5,333.59	H

Valid through June 30, 2009

Step 2: Find the health plan(s) available in your county.

The table below shows which health plans are available in your county.

Step 2: Health Plan Availability by County			
Adams <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Asotin <ul style="list-style-type: none"> Molina Healthcare Benton <ul style="list-style-type: none"> Community Health Plan Chelan <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Clallam <ul style="list-style-type: none"> Molina Healthcare Clark <ul style="list-style-type: none"> Columbia United Providers Community Health Plan Columbia <ul style="list-style-type: none"> Molina Healthcare Cowlitz <ul style="list-style-type: none"> Community Health Plan Kaiser Permanente Douglas <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Ferry <ul style="list-style-type: none"> Community Health Plan Molina Healthcare 	Franklin <ul style="list-style-type: none"> Community Health Plan Garfield <ul style="list-style-type: none"> Molina Healthcare Grant <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Grays Harbor <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Island <ul style="list-style-type: none"> Community Health Plan Jefferson <ul style="list-style-type: none"> Community Health Plan King <ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Molina Healthcare Kitsap <ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Kittitas <ul style="list-style-type: none"> Molina Healthcare Klickitat <ul style="list-style-type: none"> Community Health Plan 	Lewis <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Lincoln <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Mason <ul style="list-style-type: none"> Community Health Plan Okanogan <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Pacific <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Pend Oreille <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Pierce <ul style="list-style-type: none"> Community Health Plan Molina Healthcare San Juan <ul style="list-style-type: none"> Community Health Plan Skagit <ul style="list-style-type: none"> Community Health Plan Skamania <ul style="list-style-type: none"> Community Health Plan 	Snohomish <ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Spokane <ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Molina Healthcare Stevens <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Thurston <ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Molina Healthcare Wahkiakum <ul style="list-style-type: none"> Community Health Plan Walla Walla <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Whatcom <ul style="list-style-type: none"> Community Health Plan Molina Healthcare Whitman <ul style="list-style-type: none"> Molina Healthcare Yakima <ul style="list-style-type: none"> Community Health Plan Molina Healthcare

Step 3: Estimate your monthly premium

Using the information from Step 2, find each health plan available to you in the “Plan/Premium Table” on the back page. For each health plan, find the column that shows your county, then follow that column down until you reach your income band (from Step 1).

The premiums are per person and effective through December 31, 2008. Add the premiums for each family member you want to enroll to get your total monthly premium. **Please note:** If you enroll more than three people in Basic Health, the monthly premium for each additional person may be reduced. Call Basic Health for details at 1-800-660-9840.

Example

This example shows how easy it is to estimate your monthly Basic Health premium:

- A family of three
- Two adults (ages 40 and 48)
- One child (age 6), not enrolled in Basic Health *Plus**
- Gross monthly income of \$1,550
- Live in Cowlitz County



Example, Step 1

According to the “Income Table,” a family of three with a gross monthly income of \$1,550 falls into income band C.

Example, Step 2

The family lists the health plans available to them in Cowlitz County. They would list:

- Community Health Plan
- Kaiser Permanente

Example, Step 3

The family then uses the “Plan/Premium Table” to find the premium for each of these health plans. The sample family’s choices, at income band C in Cowlitz County, are:

	Community Health Plan	Kaiser Permanente
Child age 0-18*	\$30.00	\$ 40.80
Adult age 40-54	30.00	60.00
Adult age 40-54	30.00	60.00
Total premium for sample family**	\$90.00	\$160.80

* If this child were enrolled in Basic Health *Plus*, the child’s monthly premium would be \$0.

**Monthly premiums are examples only; your actual premium may vary depending on your family size.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

Si desea ayuda en español, llame al 1-800-321-0291. Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224. 한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오. Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

Step 3: Plan/Premium Table (Premiums shown are per person)

Health Plan		Columbia United Providers	Community Health Plan of Washington		Group Health Cooperative	Kaiser Permanente	Molina Healthcare	
County Where You Live		Clark	Adams	Mason	King Kitsap Snohomish Spokane Thurston	Cowlitz	Adams	Lincoln
			Benton	Okanogan			Asotin	Okanogan
			Chelan	Pacific			Chelan	Pacific
			Clark	Pend Oreille			Clallam	Pend Oreille
			Cowlitz	Pierce			Columbia	Pierce
			Douglas	San Juan			Douglas	Spokane
			Ferry	Skagit			Ferry	Stevens
			Franklin	Skamania			Garfield	Thurston
			Grant	Snohomish			Grant	Walla Walla
			Grays Harbor	Spokane			Grays Harbor	Whatcom
			Island	Stevens			King	Whitman
			Jefferson	Thurston			Kittitas	Yakima
			King	Wahkiakum			Lewis	
			Kitsap	Walla Walla				
			Klickitat	Whatcom				
			Lewis	Yakima				
			Lincoln					
A	0–18*	\$0–17.00	\$0–17.00		\$0–17.00	\$0–27.80	\$0–17.00	
	19–39*	17.00	17.00		17.00	40.40	17.00	
	40–54	17.00	17.00		17.00	47.00	17.00	
	55–64	17.00	17.00		17.00	68.30	17.00	
B	0–18*	0–22.50	0–22.50		0–22.50	0–33.30	0–22.50	
	19–39*	22.50	22.50		22.50	45.90	22.50	
	40–54	22.50	22.50		22.50	52.50	22.50	
	55–64	22.50	22.50		22.50	73.80	22.50	
C	0–18*	0–30.00	0–30.00		0–30.00	0–40.80	0–30.00	
	19–39*	30.00	30.00		30.00	53.40	30.00	
	40–54	30.00	30.00		30.00	60.00	30.00	
	55–64	30.00	30.00		30.00	81.30	30.00	
D	0–18*	0–30.00	0–30.00		0–30.00	0–40.80	0–30.00	
	19–39*	40.37	40.37		40.37	63.77	40.37	
	40–54	51.76	51.76		51.76	81.76	51.76	
	55–64	88.51	88.51		88.51	139.81	88.51	
E	0–18*	0–30.00	0–30.00		0–30.00	0–40.80	0–30.00	
	19–39*	52.75	52.75		52.75	76.15	52.75	
	40–54	67.63	67.63		67.63	97.63	67.63	
	55–64	115.64	115.64		115.64	166.94	115.64	
F	0–18*	0–31.03	0–31.03		0–31.03	0–41.83	0–31.03	
	19–39*	67.22	67.22		67.22	90.62	67.22	
	40–54	86.18	86.18		86.18	116.18	86.18	
	55–64	147.37	147.37		147.37	198.67	147.37	
G	0–18*	0–38.85	0–38.85		0–38.85	0–49.65	0–38.85	
	19–39*	84.17	84.17		84.17	107.57	84.17	
	40–54	107.91	107.91		107.91	137.91	107.91	
	55–64	184.53	184.53		184.53	235.83	184.53	
H	0–18*	0–47.64	0–47.64		0–47.64	0–58.44	0–47.64	
	19–39*	103.21	103.21		103.21	126.61	103.21	
	40–54	132.32	132.32		132.32	162.32	132.32	
	55–64	226.27	226.27		226.27	277.57	226.27	

*1. An individual under age 19 who is the main subscriber or spouse will pay the age 19-39 premium.

2. Dependents ages 19-22 who are full-time students or disabled are charged the same rate as a child age 0–18 enrolled in Basic Health. Call for details.